

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	3		/			
5	3		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
14	1		/			
15	2		/			
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TOTAL IND.			/			
TOTAL DEP.			17			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						